

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/904182	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1					51	1		
2	1	2	1				52	1		
3	1	1	1				53	1		
4				1			54	1		
5	1	1	1				55		1	
6	1		1				56		1	
7	1		1				57		1	
8	1		1				58		1	
9		1	1				59		5	
10	1		1				60		1	
11		3	1				61			
12	1		1				62			
13	1		2				63			
14	1		1				64			
15	1		1				65			
16	1		1				66			
17	1		1				67			
18	1		3				68			
19	1		3				69			
20	1		1				70			
21	1		1				71			
22	1		1				72			
23	1		1				73			
24	1		1				74			
25	1		1				75			
26	1		1				76			
27	1		1				77			
28	1		1				78			
29	1		1				79			
30	1		2				80			
31	1		2				81			
32	1		2				82			
33	1		2				83			
34	1		2				84			
35	1		2				85			
36	1		2				86			
37	1		2				87			
38	1		2				88			
39	1		2				89			
40	1		2				90			
41	1		2				91			
42	1		2				92			
43	1		2				93			
44	1		2				94			
45	1		2				95			
46	1		2				96			
47	1		2				97			
48	1		2				98			
49	1		2				99			
50	1		2				100			
TOTAL IND.			→				TOTAL IND.	16	↓	
TOTAL DEP.			→	↓			TOTAL DEP.	39	↓	
TOTAL CLAIMS			→	↓			TOTAL CLAIMS	56	↓	
			→	↓				103	↓	
			→	↓				115	↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS